



APPLICATION - SHEET METAL SYSTEMS TO BOARD: \_\_\_\_\_

**PLEASE CHECK YOUR EXAM DATE**

**DEADLINE: FRIDAY, JULY 31, 2015**

**EXAM: FRIDAY, AUGUST 14, 2015** ( )

**OR**

**DEADLINE: FRIDAY OCTOBER 30, 2015**

**EXAM: SATURDAY, NOVEMBER 14, 2015** ( )

**Requirements:**

**LICENSE:**

**PERMIT: Proof of enrollment in Apprentice program**

**CITY OF ALLENTOWN ORDINANCE # 1710**

\*\*\*\*\*

**PLEASE PRINT OR TYPE CLEARLY:**

**NAME:** \_\_\_\_\_ **PHONE:** \_\_\_\_\_

**ADDRESS:** \_\_\_\_\_

**CITY:** \_\_\_\_\_ **STATE:** \_\_\_\_\_ **ZIP CODE:** \_\_\_\_\_

**DATE OF BIRTH:** \_\_\_\_\_ **SOCIAL SECURITY :** \_\_\_\_\_

**PLACE AN "X" IN THE SPACE DIRECTLY ACROSS FROM THE TYPE OF CERTIFICATION YOU ARE APPLYING FOR:**

**SHEET METAL SYSTEMS TECHNICIAN LICENSE:** \_\_\_\_\_ **\$180.00**

**SHEET METAL SYSTEMS APPRENTICE PERMIT:** \_\_\_\_\_ **\$90.00**

**\*\*\*CERTIFICATION FEES ARE NON-REFUNDABLE WITHOUT THE SHEET METAL LICENSING BOARD APPROVAL\*\*\***

\*\*\*\*\*

**EMPLOYERS NAME:** \_\_\_\_\_ **YEARS OF SERVICE:** \_\_\_\_\_

**COMPANY**

**NAME:** \_\_\_\_\_ **PHONE:** \_\_\_\_\_

**ADDRESS:** \_\_\_\_\_

**CITY:** \_\_\_\_\_ **STATE:** \_\_\_\_\_ **ZIP CODE:** \_\_\_\_\_

**IF SELF-EMPLOYED - FULL NAME OF BUSINESS:** \_\_\_\_\_

**ADDRESS:** \_\_\_\_\_

**CITY:** \_\_\_\_\_ **STATE:** \_\_\_\_\_ **ZIP CODE:** \_\_\_\_\_

**BUSINESS PHONE:** \_\_\_\_\_

\*\*\*\*\*

**OTHER CURRENT SHEET METAL SYSTEM LICENSES HELD:**

**\*\*\*IF ADDITIONAL SPACE IS NEEDED PLEASE ATTACH A SHEET TO THE APPLICATION\*\*\***

1. \_\_\_\_\_ 3. \_\_\_\_\_
2. \_\_\_\_\_ 4. \_\_\_\_\_

**IMPORTANT: Before a permit can be issued** the applicant shall furnish a Certificate of Insurance (Workmen's Compensation, Bodily Injury, Property damage), unless a Certificate of Insurance is currently on file in the Bureau of Building Standards and Safety.

**\*\*\*IF ADDITIONAL SPACE IS NEEDED PLEASE ATTACH A SHEET TO THE APPLICATION\*\*\***

**EDUCATION**

Elementary School: \_\_\_\_\_ Year Graduated: \_\_\_\_\_

High School: \_\_\_\_\_ Year Graduated: \_\_\_\_\_

College: \_\_\_\_\_ Year Graduated: \_\_\_\_\_

Technical School/s: \_\_\_\_\_ Year Graduated: \_\_\_\_\_

\_\_\_\_\_ Year Graduated: \_\_\_\_\_

Practical Experience and/or Apprentice Programs:

\_\_\_\_\_

\*\*\*\*\*

**APPLICATION STATEMENT**

**I WILL ABIDE BY ALL CODES AND ORDINANCES OF THE CITY OF ALLENTOWN.**

**If granted a Sheet Metal Systems License or Apprentice Permit under this application:**

- 1. I will NOT permit the use of my License by any other firm or person.**
- 2. I WILL file applications for permits according to the provisions of the State of Pennsylvania Uniform Construction Code, City of Allentown, PA.**

**The above statements are true to the best of my knowledge and belief:**

**DATE:** \_\_\_\_\_

**APPLICANT'S SIGNATURE**

**DATE:** \_\_\_\_\_

**NOTARY**

**SEND TO: CITY OF ALLENTOWN  
BUREAU OF BUILDING STANDARDS & SAFETY - INSPECTIONS DIVISION  
435 HAMILTON STREET - ROOM 428  
ALLENTOWN, PA 18101-1699**

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